

Voluntary Furlough Request Form

Employee: _____ Pay Period: _____

Cabinet/Department Number: _____

| Date | Time | | Total Hours | Employee's Signature |
|------|------|----|-------------|----------------------|
| | From | To | | |
| | | | | |
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***All voluntary furlough requests shall be approved in advance by the Appointing Authority. The Voluntary Furlough Request Form must be submitted to the Personnel Cabinet Secretary prior to the voluntary furlough.**

*** Voluntary furlough requests shall be requested in quarter-hour increments.**

*** Each Cabinet or Independent Agency is responsible for maintaining accurate time sheets and payroll records reflective of voluntary furloughs.**

Employee's Signature

Date

Appointing Authority's Signature

Date

Have seen and reviewed:

Personnel Cabinet Secretary

Date